

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09 782 / 51
APPLICANT(S)

FILING DATE
02-14-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4		/				
5		/				
6		/				
7		/				
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50						
TOTAL IND.	3					
TOTAL DEP.	17	↔	↔	↔		
TOTAL CLAIMS	20	14	14	14		

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
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TOTAL IND.	:	↔	↔	↔	↔	↔
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		14	14	14	14	14